

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

P.O. Box 995

COLUMBIA, SOUTH CAROLINA 29202

TELEPHONE (803) 737-3075

FAX (803) 737-2547

EMPLOYER STATUS REPORT TO DETERMINE LIABILITY UNDER THE SOUTH CAROLINA
EMPLOYMENT SECURITY LAW

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL

PLEASE TYPE OR PRINT. RETURN WITHIN 10 DAYS

DO NOT WRITE IN THIS SPACE

ACCOUNT NUMBER:

LB.	LE.	C.H.	LA.
AREA	RATE	IND.	OWNER
BY	DATE	PARENT NUMBER	

COMPLETE BOTH SIDES OF THIS APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME

2. TRADE NAME (DOING BUSINESS AS)

3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)

4. BUSINESS PHONE NUMBER

DAY TIME PHONE NUMBER

5. FEDERAL IDENTIFICATION NUMBER

6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)

7. TYPE OF BUSINESS

☐ AGRICULTURE, FORESTRY, FISHING
& HUNTING (11)☐ PROFESSIONAL, SCIENTIFIC,
& TECHNICAL SERVICES (54)☐ MINING (21)☐ MANAGEMENT OF COMPANIES
& ENTERPRISES (55)☐ UTILITIES (22)☐ CONSTRUCTION (23)☐ ADMINISTRATIVE AND SUPPORT, WASTE
MANAGEMENT & REMEDIATION SERVICES (56)☐ MANUFACTURING (31-33)☐ EDUCATION SERVICES (61)☐ WHOLESALE TRADE (41-43)☐ HEALTH CARE AND SOCIAL ASSISTANCE (62)☐ RETAIL TRADE (44-46)☐ ARTS, ENTERTAINMENT, & RECREATION (71)☐ TRANSPORTATION☐ ACCOMMODATION & FOOD SERVICES (72)☐ & WAREHOUSING (48-49)☐ OTHER SERVICES (81)☐ INFORMATION (51)☐ PUBLIC ADMINISTRATION (91-93)☐ FINANCE & INSURANCE (52)☐ REAL ESTATE, RENTAL & LEASING (53)

9. LOCATION OF RECORDS (NO P.O. BOX)

10. TYPE OF OWNERSHIP

☐ SOLE PROPRIETOR (ONE OWNER)☐ PARTNERSHIP (TWO OR MORE OWNERS)☐ LLC/LLP☐ SC CORPORATION DATE INC. _____☐ FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY).☐ UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____☐ OTHER (EXPLAIN) _____

8. MAIN BUSINESS (I.E., RETAIL FURNITURE SALES)

8a. CHECK IF YOU SELL THESE PRODUCTS (FOR SOLID WASTE PURPOSES)

☐ MOTOR OIL ☐ LEAD ACID BATTERIES ☐ TIRES ☐ LARGE APPLIANCES

8b. DO YOU SELL AVIATION GASOLINE?

☐ YES ☐ NO8c. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL
COMMUNICATIONS USERS?☐ YES ☐ NO

11. NAME(S) OF BUSINESS OWNER, GENERAL PARTNERS, OR OFFICERS:

SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER PERCENT OWNED

ARE YOU A SC RESIDENT? (Y/N) _____

HOW LONG HAVE YOU LIVED IN SC? _____

(YEARS, MONTHS)

12. HAVE YOU:

A. ACQUIRED ANOTHER BUSINESS?

☐ YES ☐ NO

MERGED WITH ANOTHER BUSINESS?

☐ YES ☐ NO

FORMED A CORPORATION OR PARTNERSHIP?

☐ YES ☐ NO

MADE ANY OTHER CHANGE IN THE OWNERSHIP OF YOUR BUSINESS?

☐ YES ☐ NOB. DID YOU ACQUIRE: ☐ ALL OF THE SOUTH CAROLINA OPERATIONS?☐ PART OF THE SOUTH CAROLINA OPERATIONS?

PERCENTAGE ACQUIRED: _____

C. DATE ACQUIRED OR CHANGED: _____

WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE?

☐ YES ☐ NO

DATE CLOSED: _____

DOES THE FORMER OWNER OR LEGAL ENTITY CONTINUE TO HAVE EMPLOYEES?

☐ YES ☐ NO

D. FORMER OWNER'S S.C.E.S.C. ACCOUNT NUMBER:

FORMER OWNER'S S.C. TAX ACCOUNT NUMBER:

E. NAME OF BUSINESS ACQUIRED:

(Full organization name including trade name)

ADDRESS OF FORMER OWNER:

13. FIRST DATE OF EMPLOYMENT IN S.C.

mo/day/year

14. ANTICIPATED DATE OF FIRST S.C. PAYROLL

mo/day/year

15. ESTIMATE NUMBER OF EMPLOYEES IN S.C.

16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS?

☐ YES ☐ NO

WHICH CITY? _____

17. IS YOUR BUSINESS SEASONAL?

☐ YES ☐ NO

IF YES, LIST MONTHS ACTIVE: _____

< COMPLETE REVERSE SIDE OF THIS FORM >

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER

TITLE

DATE

YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
20				
YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
20				

[illegible]

CALENDAR YEAR	JANUARY			FEBRUARY			MARCH			APRIL			MAY			JUNE		
20_____	JULY			AUGUST			SEPTEMBER			OCTOBER			NOVEMBER			DECEMBER		

21. IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501-C-3 OF THE IRS CODE FOR RELIGIOUS, EDUCATIONAL OR CHARITABLE PURPOSES? ☐ YES ☐ NO IF YES, ATTACH A COPY OF THE EXEMPTION LETTER

24. IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☐ NO IF YES, HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT. USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED. (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT, PLEASE PROVIDE PRODUCT OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER.)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

OFFICIAL POSITION

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
EMPLOYER STATUS UNIT
POST OFFICE BOX 995
COLUMBIA, SOUTH CAROLINA 29202